

**PLACE ON SCHOOL LETTERHEAD**

**REQUEST FOR SECONDARY DISSEMINATION**

**INSTRUCTIONS:** Place this form on your school or supervisory union letterhead. This form should be completed by an applicant in the presence of a Department of Education, Supervisory Union, Recognized School official, or notary public. A secondary dissemination may **only** be obtained from the school of origin.

Requesting School: \_\_\_\_\_

School of Origin: \_\_\_\_\_

1. Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

I, \_\_\_\_\_ hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed in the presence of school official or notary public)

Identity Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name of official making identification)

Signature of School Official: \_\_\_\_\_

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101